

Multicultural Music Therapy:
Developing Cultural Competency for Students and Young Professionals

by
Katie Olsen

A Thesis Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Music

Approved April 2017 by the
Graduate Supervisory Committee:

Melita Belgrave, Chair
Patricia Arredondo
Robin Rio

ARIZONA STATE UNIVERSITY

May 2017

ABSTRACT

The concept of multiculturalism in music therapy is becoming increasingly relevant in the United States. The purpose of this thesis was to analyze multicultural content in undergraduate programs approved by the American Music Therapy Association (AMTA), and evaluate the Multicultural Counseling Competencies, in order to develop an educational tool to foster multicultural competency in undergraduate music therapy students. The research questions addressed in this analysis were: (a) what are the current multicultural education practices for undergraduate music therapy students in the United States, and (b) what aspects of multicultural counseling education can provide a framework for multicultural education in music therapy? Within music therapy education, there seems to be no standardized method of delivering multicultural content. Based on the findings of this content analysis, the author combined content from current multicultural music therapy and multicultural counseling education to develop a lecture series for undergraduate music therapy students.

Results included the curricula of 68 AMTA-Approved undergraduate music therapy programs. 327 multiculturally related courses were identified. Coded course categories in order of frequency were ability, age, language, Non-Western music, ethnicity, race, socioeconomic status, gender, spirituality, sexual orientation, religion, and general culture. These results are consistent with existing publications remarking on the state of multicultural education in music therapy.

Keywords: multiculturalism, music therapy, undergraduate education, Multicultural Counseling Competencies

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	iv
LIST OF FIGURES.....	v
LITERATURE REVIEW.....	1
Multiculturalism in Counseling.....	4
Training, Education, and Professional Competencies.....	6
Cultural Sensitivity.....	7
Musical Competencies.....	8
Aspects of Multiculturalism in Music Therapy.....	10
Multicultural Categories.....	11
Age and ability.....	12
Gender and sexual orientation.....	13
Religion and spirituality.....	14
Ethnicity, race, and language.....	15
Socioeconomic status.....	17
Music.....	18
PURPOSE.....	20
METHOD.....	21
Sample.....	21
Variables and Coding Categories.....	22
Procedure.....	24
RESULTS AND DISCUSSION.....	28

	Page
Research Question #1.....	28
Research Question #2.....	31
Research Question #3.....	32
Research Statement.....	35
Lecture Series.....	36
CONCLUSION.....	46
REFERENCES.....	47
APPENDIX	
A ANALYZED SAMPLE AND DATA TABLES.....	51
B DIMENSIONS OF PERSONAL IDENTITY ADAPTED FOR MUSIC THERAPY.....	64

LIST OF TABLES

Table	Page
1. AMTA Approved Music Therapy Programs Offering Bachelor's Degree.....	52
2. Code Descriptions.....	54
3. Course Titles Directly Referencing Multiculturalism.....	55
4. Frequency of Multicultural Codes.....	56
5. Multicultural Course Types Across Curricula.....	57
6. Number of Codes Assigned to Number of Multicultural Courses.....	58
7. Comparison of Multicultural Courses Based on University Size.....	59
8. List of Multicultural (MC) Course Amounts by Region.....	60
9. List of Multicultural Courses by Degree Programs.....	61
10. Comparison of Multicultural Courses Based on Private or Public Status.....	62
11. Comparison of Multicultural Courses Based on Religious Affiliation.....	63

LIST OF FIGURES

Figure	Page
1. Dimensions of Personal Identity adapted for Music Therapy.....	65

Literature Review

In the United States, the average therapeutic relationship involves a Caucasian therapist working with a client of a different cultural background (Arredondo et al., 1996, p. 44). As of 2015 the United States Census Bureau estimated that 22.9% of the population identified their race as Black, African American, Asian, American Indian, Alaska Native, Pacific Islander, Native Hawaiian, or multiracial. This does not include the 17.6% of the population who identified their race as Hispanic or Latino, which is considered by the Census Bureau to be an ethnic, and not a racial, demographic (United States Census Bureau, 2015). The Population Reference Bureau projects that by 2050 European Americans will no longer make up the majority of the population, and while the diversity of the United States and music therapy clientele increases, the survey respondents to the 2016 AMTA Survey & Workforce Analysis report 89.3% of music therapists self-identified as White/Caucasian/European, and 88.6% as female (American Music Therapy Association, 2016a; Kim & Whitehead-Pleaux, 2015). It stands to reason that music therapists should then be working to increase cultural competency in order to support such a diverse client base and likelihood of cross-cultural therapeutic relationships.

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) include culturally related competencies in their official documentation, though only brief references in comparison to other content. The Professional Competencies of the AMTA serve to inform the abilities, skills, and knowledge expected of music therapists entering the field with a bachelor's degree or its equivalent, and a professional designation as the result of passing the Board Certification

Exam (2013a). These competencies span three foundations of music, clinical, and music therapy and less than seven percent are directly related to cultural competency. The Standards of Clinical Practice for the AMTA are set forth to serve as guidelines by which the quality of music therapy services can be measured (American Music Therapy Association Standards of Clinical Practice, 2013b). Within this document, only three standards are directly related to culture, all of which fall under the General Standards with no specific references in the areas of addictive disorders, intellectual and developmental disabilities, older adults, mental health, physical disabilities, educational settings, medical settings, private practice, consultant, or wellness.

In the presence of the current political climate of the United States, the concept of multiculturalism in music therapy seems more important now than ever before. The change in administration has brought with it a shift in legislation and priorities related to the diverse American population. These changes present as travel bans on various Muslim-majority countries, attempts to overturn legislation protecting the rights of transgender individuals, and the severe reduction of government funding to a number of public support organizations in order to increase military budgets. Music therapists as healthcare professionals service diverse clientele from various populations. In 2016, the American Music Therapy Association (AMTA) released their annual *AMTA Survey & Workforce Analysis* in which the populations of clientele receiving music therapy services included clients receiving mental health related treatment (22%), the elderly & those with Alzheimer's disease (8%), individuals who have intellectual disabilities (12%), clients who have medical and surgical needs (17%), and individuals who have neurological disorders (6%), along with a broad miscellaneous category (35%). In a

similar breakdown, the age groups of clients served range from pre-natal (1%), to seniors (15%), and every age in between: infants and children (13%), pre-teens (13%), teenagers (14%), young adults (16%), adults (14%), and mature adults (14%). Respondents to this part of the survey are both members and non-members of the AMTA who specified working with particular populations and age groups (American Music Therapy Association, 2016a, p. 15). No client demographics related to gender, ethnicity, race, socioeconomic status, or religion were found within this survey or upon further research concerning music therapy client demographic reports.

While the presence of a diverse culture is clear in the clientele, multicultural competency is not currently a specific part of music therapy education as set forth by the AMTA. Multicultural competency refers to a professional's ability to (a) develop a self-awareness regarding one's personal biases, values, and beliefs, (b) approach other's world views from an open, compassionate, and understanding knowledge-based perspective, and (c) create culturally appropriate interventions (Arredondo et al., 1996). Music therapy practice and literature has been historically active in addressing treatment for individuals based on age and ability (Wheeler, 1988), and while the concept of cultural sensitivity in music therapy is not new, it has received significantly less attention in comparison (Young, 2009). In the United States it is quite often the case that White or Caucasian groups are referenced "as the normative cultural group...the yardstick by which individuals of other cultural groups and women have been measured" (Arredondo, et al., p. 43). In the context of music therapy it could be that by continuing to generalize music therapy research based on disabilities and diagnoses, the field may be perpetuating this idea of treatment from a Eurocentric perspective. In a review of music therapy

literature published in English over the course of 2014 by Tolman, Jackson, and Maher (2016), 164 articles were identified in total. Of these articles, only 23 can be identified as culturally related through reference to *identity, language, specific nationality, gender, spirituality, sociocultural factors, diversity, and general culture*.

Through this literature review the author will examine multiculturalism in helping professions, the existing research on multiculturalism in music therapy clinical practice, and the current state of multicultural content in music therapy educational and professional competencies.

Multiculturalism in Counseling

Multicultural competencies have been a topic of discussion in helping professions over the last twenty-five years (Ancis & Syzmanski, 2001; Arredondo et al., 1996; Young, 2016). The consideration of cultural sensitivity established in multicultural counseling appear to serve as the most relevant informant to multicultural competency in music therapy. Both professions operate within a therapeutic relationship, along with similar working environments and professional tasks, which may provide for an easy translation of information to music therapy practice.

Members of the Association for Multicultural Counseling and Development (AMCD) took a critical eye to culturally informed counseling practices and came forward with inclusive and extensive multicultural competencies as a means to promote change in counseling perspectives. The Multicultural Counseling Competencies were initially published in 1992 as a rationale for implementing multicultural perspectives in counseling practice. The competencies were developed with a focus on racial, ethnic, and cultural concerns, however the understanding of culture as a broader construct

encompassing age, class, religion, sexual orientation, etc. was recognized and the document was encouraged for use with these broader cultural dimensions (Arredondo et al., 1996). The Multicultural Counseling Competencies were outlined in three different areas of competency: awareness and beliefs, knowledge, and skills. These aspects of competency are then considered within three categories related to culture: counselor awareness of their own cultural values and biases, counselor awareness of client's worldview, and culturally appropriate intervention strategies (Arredondo et al., 1996).

In 1996, the competencies were revisited for clarification and suggestions for implementation and the Dimensions of Personal Identity Model was used as a reference in this process. This model visually organizes the identity of an individual based on three dimensions. It conveys a number of important ideas including the concept that all people are multicultural; each person has a personal, political, and historical culture; sociocultural, political, environmental, and historical events all affect individual lives; and multiculturalism also addresses the factors of individual diversity (Arredondo, et al., 1996). The model is made up of three levels of identifying dimensions to consider when attempting to see and understand a person's complete identity. The *A Dimensions* are made up of age, culture, ethnicity, gender, language, physical disability, race, sexual orientation, and social class. These dimensions primarily describe aspects of the individual that are generally out of a person's control or more difficult to alter, such as social class. These aspects of identity are visible or observable, often associated with stereotypes. The *C Dimensions* consist of historical moments/eras that could significantly impact a person's identity. Examples include the understanding that many people in the United States are descended from lands and cultures effectively conquered by the U.S., or

brought to the continent against their will as slaves or laborers. As a result, many people do not consider the U.S. to be the land of opportunity as portrayed in the Eurocentric perspective of American history textbooks. Similarly, the historical struggle for Black and African American citizens fighting for their civil rights still echoes in the lives of these individuals today. The *B Dimensions* include educational background, geographic location, income, marital status, religion, work experience, citizenship status, military experience, and hobbies or recreational interests. These aspects of identity exist in a more fluid state, but are often a result of the *A* and *C Dimensions* of an individual's identity and the opportunities afforded or denied them as a result (Arredondo et al., 1996).

Training, Education, and Competencies

Throughout much of the related music therapy literature, professionals call for an increase in culturally informed music therapy through formalized multicultural training in undergraduate education (Brown, 2001; Chase, 2003; Darrow & Molloy, 1998; Young, 2016). As a result, a number of treatment manuals have been assembled by graduate and doctoral publications in the hopes of contributing to more multiculturally informed practice (Dobel, 2003; Goelst, 2016). The Multicultural Music Therapy Handbook was written by Kristen M. Chase and published in 2003, however this author could not retrieve a copy to include in this literature review. This section will outline the music therapy literature addressing multiculturalism in training and education in order to develop a better understanding of why a culturally informed perspective is so vital to the development of this field.

The collection of literature referencing multicultural training and education in music therapy express varying foci on cultural sensitivity and multicultural musical

competence. While neither focus negates the other, there is a general disagreement on where the priorities of education and training should lie. Both concepts are addressed in the different foundations of the Professional Competencies of the AMTA: cultural sensitivity outlined through clinical and music therapy foundations, while musical competence is represented in music foundations and mentioned through repertoire in music therapy foundations.

A. Music Foundations

1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.

4.1.8 Utilize basic percussion techniques on several standard and ethnic instruments

B. Clinical Foundations

9.5 Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process.

C. Music Therapy

11.1 Select and implement effective culturally-based methods for assessing the client's strengths, needs, musical preferences, level of music functioning, and development.

13.12 Develop and maintain a repertoire of music for age, culture, and stylistic differences.

17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.

17.10 Treat all persons with dignity and respect, regardless of difference in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation

17.11 Demonstrate skill in working with culturally diverse populations

Cultural sensitivity. Some may argue that to operate as a sensitive and empathetic music therapist within the parameters of ethics negates the need for specific cultural competencies (Brown, 2001). In response to this resistance many professionals have gone on to address the enhanced level of personal growth and awareness necessary for cultural sensitivity, even more so than a generally ethical practice (Arredondo, 1996;

Brown, 2001, Fouad & Arredondo, 2007). There is a heavy emphasis on the need for culturally centered music therapy based on ethical considerations. The music therapist has a responsibility to be mindful of one's worldview and open to the growing cultural diversity of the world (Brown, 2001). An individual's worldview essentially speaks to how their perspective is informed by personal values and beliefs, life experiences, religious practices, and perceptions of other people. The concept of cultural empathy is an evolution from general empathy as therapists work to understand the client beyond their experiences to expand their understanding of a client's world view. To be culturally empathetic one must have an understanding of their client's cultural reality as well as information that would be considered a cultural norm in the life of the client (Lingle & Ridley, as cited in Brown, 2001). Cultural empathy also includes being empathetic to a client's cultural reality within the context of history, particularly when engaged in a cross-cultural therapeutic relationship in which the therapist is White/Caucasian and the client is of another racial identity (Arredondo et al., 1996).

Musical competency. The presence of the music in music therapy is what makes the practice so versatile, but the statement that music transcends all differences should be made very carefully. Brown (2001) moderates a strong argument against the blind acceptance of this belief beginning, "Perceiving music as a universal language may give some practitioners a false sense of safety, believing that multicultural concerns are not necessarily an issue for music therapy" (p.17-18). In her argument Brown (2001) cited support from Bradt's *Ethical Issues in Multicultural Counseling; Implications for the Field of Music Therapy* (1997) in which Bradt warned against the idea of music as a universal language, suggesting the concept may be at the root of creating culturally

exclusive music therapy. Bradt (1997) went on to explain another major ethical issue is that music therapists are largely influenced by the music of their culture, and despite operating under client preference, musicality still needs to be assessed for cultural relevance.

The argument for multiculturalism in music therapy has met little criticism, and yet the majority of attempts to devise and implement a formal learning module are targeted at current professionals. In a nationwide survey, Toppozada (1995) inquired about the opinions and previous knowledge concerning multicultural issues among practicing music therapists. The survey resulted with general interest in more multicultural training, but a lack of current knowledge of its real importance. Prefacing the results of the survey, Toppozada (1995) discusses the importance of multicultural education. Due to the underlying biases, a therapist can easily misinterpret or unknowingly offend a client of another culture. It is therefore important to strengthen the professional's "awareness of variation in behaviors, attitudes, and value systems among different cultural groups" (Toppozada, 1995, p. 66). While multiculturalism in music therapy literature is increasing, no survey related to the attitudes of music therapist towards multiculturalism has been found prior to this source.

The current state of multicultural competency within music therapy programs varies, as the standards for undergraduate education do not delineate how this competency is to be achieved. One step toward a culturally informed music therapy education is musical multicultural competency. Gaining this competency is so much more than becoming familiar with the music of various cultures. In order for a music therapist to gain musical multicultural competence they must go beyond culturally relevant music

to understanding what role that music plays in the client's life from the perspective of their culture. Is music strictly used for religious purposes? Is the act of playing music or singing an individual experience or a group experience? A private or public experience? As a multiculturally aware professional, the therapist must be cognizant of these roles, as well as possess a self-awareness of the cultural biases that he or she already has towards music, and how that interacts with therapy (Hadley & Norris, 2016).

There is so much to be considered as music therapists seek to move forward with multiculturally informed practice. Given the already delicate client-therapist relationship, it is even more vital that an effort be made to establish trust and rapport, therapeutically conducive physical space, and positive staff support from a culturally informed perspective (Williams & Abad, 2005). In such a politically charged time when cultures seem to be attacked on a daily basis, the literature provides a strong argument for music therapy to put in the extra time and education in order to truly provide the best possible care for all individuals. The racial, religious, trans-phobic, and nationalistic tensions are only going to rise in the United States if more multicultural efforts are not made on every level, starting with helping professionals.

Aspects of Multiculturalism in Music Therapy

The convention of multiculturalism in music therapy practice has not gone unnoticed, a statement supported by the most recent issue of *Music Therapy Perspectives* in which the central focus of the publication is multicultural musical competence in music therapy (Meadows, 2016). It is evident that the interests of professional music therapists have been piqued as more multiculturally related literature is published. These studies and research projects will be used to reflect and inform the current state of

multiculturalism as it relates to music therapy clinical practice. The areas of culture outlined in the Professional Competencies and Standards of Clinical Practice created by the AMTA will serve as the basis for defined categories. This section will focus on existing multicultural music therapy literature organized by age and ability; gender and sexual orientation; religion and spirituality; ethnicity, race, and language; and socioeconomic status. Overarching these categories, the author will also discuss the roles of identity and music as they relate to the concept of multiculturalism.

Multicultural categories. The consideration of identity is central to the multicultural perspective. When seeking to understand an individual's cultural identity, it is vital to remember that culture is not just a single piece of a person's background, but in fact, every dimension of that person's life layered to form culture. Familial heritage, skin color, age, physical and mental disabilities, illness, sexual orientation, gender, place of residence, economic class, level of education, religious or spiritual beliefs, values, and interests, each bring their own set of rules by which a person lives, each informing a person's reality. Under this idea, each and every individual operates within their own unique culture whose make-up affords them membership to larger cultural communities (Whitehead-Pleaux, 2015). For the purposes of this review, cultural identity will be considered in terms of the broader subcategories as previously outlined.

As mentioned, a multicultural perspective must consider all dimensions of an individual's life and how these pieces contribute to their identity. One variable that can strongly impact identity is the environment, or more specifically in healthcare, the facility in which a client is receiving care. As an example, treatment in a medical facility such as an inpatient hospital, can dramatically influence an individual's identity where it is so

often reduced by the stress of poor health, the sterile environment, significantly less privacy, and the effective infringement of both agency and autonomy (Davis, Gfeller, & Thaut, 2008, p. 327).

Mondanaro (2016) provides a number of case studies as evidence of using medical music psychotherapy from a multicultural perspective to help affirm patients' and families' identities in order to strengthen their coping skills while experiencing the hospitalization process. Such cases included the use of culturally affirming music to create space for a Romani family who was otherwise at odds with the hospital staff over the care of their son, being present in conversation to affirm the identity of a Jewish woman who was once a musician before certain life events had led her to live without music entirely, and the affirmation of an elderly man's Haitian cultural identity through spiritual music at the end of his life.

Cross-cultural therapeutic relationships require both a respect of the client's identity as well as a deepened self-awareness of the therapist's own identity (Kim & Whitehead-Pleaux, 2015).

Age and ability. Music therapy seems to display a fairly high awareness within this domain of culture as evidenced by a general focus in age and (dis)ability based populations in literature and practice (American Music Therapy Association, 2016; Tolman et al., 2016). While music therapists effectively work with populations of all ages, the cultural context of aging can be overlooked in the presence of other clinical goals. Cohen (2014) opens a discussion on different sociological theories of aging in the context of music therapy with a review of aging within culture. While some cultures perceive aging as a positive transition into important societal roles, other cultures have a

tendency to view aging as a negative decline into sickness. With aging also comes a decrease in a person's abilities, which can create a sense of being burdened by older relatives, thus, perpetuating the negative connotation of aging. This latter view is very common in the United States.

Gender and sexual orientation. As within any community, the LGBTQ subculture contributes to the cultural identity of each individual. A person who identifies as other than cisgender heterosexual is likely to have life experiences to which a music therapist needs to be informed and sensitive to. Culturally informed music therapy practice becomes even more relevant when dealing with a historically marginalized population (Whitehead-Pleaux et al., 2012). Whitehead-Pleaux et al. (2016) recognized the need for guidance with this population and have published their suggestions for best music therapy practices with LGBTQ individuals which covers clinical practice, work environment, and education. These suggested contributions to music therapy practices specify the importance of developing a strong familiarity with LGBTQ culture. That includes inclusive, gender-neutral language, community resources, opportunities for outreach, and an understanding of gender and sexuality, as well as appropriate ways to interact with coworkers and other professionals who identify on the LGBTQ spectrum (Whitehead-Pleaux et al., 2016).

In a broader article prior to 2012, Chase (2004) conducted an examination of the literature in music therapy and related fields addressing therapy with gay and lesbian clients. At the time of her review, "no articles were found that discuss sexual minorities as part of multicultural music therapy practice" (p. 34). Based on articles on the subject matter from related fields, Chase synthesized a number of implications for music

therapists to consider in practicing with gay and lesbian clients. One of the implications include a music therapist's willingness to refer clients with whom they are uncomfortable or too inexperienced to work with. Another, a music therapist may potentially need to serve as a family advocate for their client. They must also understand the presence of gay or lesbian individuals in the lives of their heterosexual clients and be mindful of communicating their bias. Finally, one must consider the emotional consequences of working with a "socially controversial" population and how that impacts their daily personal and professional life (p. 37).

Religion and spirituality. The relationship between music, health, and religion and spirituality is not a distant connection to make. Many cultures turn to their religion and spirituality for guidance in times of ill health, and music is often a major participant in that engagement. In a thesis completed by Fly (2010), a multicultural music therapy perspective was used to explore approaches to using music in therapy with Native American communities. The author took great care in considering the nature of music as a healing practice already imbedded in the Native American culture of the continental United States as she conducted research and a series of interviews in order to gain an understanding of the use and evolution of music within these communities over the past two centuries. From the accumulated knowledge, Fly concluded a number of implications for music therapy regarding generational differences within the culture along with a respect for the belief that "music, spirituality, and life are indistinguishable to the Native American people" (p. 66). The impact of historically Euro-American imposition on Native American practices also contributed to a shift in culture over time and should be considered by any music therapist outside of the Native American community. Other

implications involving Native-American populations include the use of Native American instruments and songs, and respecting their purpose and context within which they should be used appropriately (Fly 2010).

In another culture-specific article, Sadovnik (2016) describes his experience working with a small group of adolescent males, all with varying developmental delays, within a Chasidic school setting. Through a series of session summaries, he describes the doubts of approaching this group as an outsider and the process of learning and engaging with familiar music of the clients' culture while supporting their expansion of musical exploration through instrumental improvisation and song writing. Particular musical considerations were made in order to incorporate scales and familiar melodies of Chasidic music. By operating from a culturally sensitive perspective, Sadovnik (2016) was able to successfully establish this pilot group "to expand and recontextualize the students' familiar musical worlds...promoting empowerment and individual growth through musical exploration (p.153).

Ethnicity, race, and language. Perhaps the first aspects of culture brought to mind by multiculturalism are ethnicity, race, and language. These dimensions of culture are highly susceptible to assumptions and stereotypes due to strong associations with physical characteristics and appearance. Rilinger (2011) recognized the absence of music therapy literature on cultural competences with Mexican Americans. *Music Therapy for Mexican American Children: Cultural Implications and Practical Considerations* sets out to provide general information regarding this population in order to provide a basic foundation of cultural sensitivity of which a music therapist may build. In a three-part literature review, Rilinger (2011) emphasizes the importance of understanding the

general background of the Mexican population in the United States, how music functions within the Mexican American culture, and the linguistic considerations of working with children in a bilingual classroom.

The implications for music therapy when working with a specific cultural population are important to consider when transitioning from working with a mostly Caucasian client-base. Williams and Abad (2005) describe the experience of implementing the “prevention and early intervention project, Sing & Grow” (p. 60) with Indigenous families in Australia. This author recognizes the number of terms used to identify the native population of a region and will defer to the terminology used in each respective study. Sing & Grow is a government funded program in which “music is used as a facilitator to improve parent-child interactions, improve child development outcomes, and nurture family relationships” (p. 62) that runs from eight to ten weeks with families targeted within a specific geographic region and identified based on socio-economic status or having members living with a disability. Williams and Abad (2005) identified two individual programs run with Indigenous families and discuss the learning period and subsequent differences in these two programs. Based on their experiences they were able to identify a number of variables to consider prior to implementing a culturally informed practice. These included trust and rapport, physical space, staff support, and cultural issues. One particular dimension of culture taken into account by this project was how the culture views group versus individual interactions. In this instance, the culture emphasized the importance of a strong collectivist community focus which meant the therapists needed to work harder to engage with “a cultural consultant whose role it

would be to encourage and assist family to attend” (p. 65) in order to have a larger group and therefore more effective therapeutic environment (Williams & Abad, 2005).

Socioeconomic status. While socioeconomic status is occasionally mentioned in the general demographics or variables of music therapy articles, it was difficult to locate any music therapy research regarding the understanding of socioeconomic status and its effect on treatment. To broaden this category, a search for music therapy sociocultural factors yield little, but relevant, results. In a qualitative study, Baker (2013) investigated the impact of sociocultural factors on the therapeutic songwriting process through a series of interviews among music therapists. This investigation resulted in a number of coded domains related to socioeconomic status. Baker (2013) made a series of observations regarding socioeconomic status, but the most relevant discussed the obstacles of a cross-cultural therapeutic relationship in which the client and therapist identify different socioeconomic statuses. The findings reported from this section of the study indicate a series of influences to the therapeutic relationship and songwriting including: “adults from low SES backgrounds may become highly engaged with the TSW [therapeutic songwriting] process because it resembles the nurturing they lacked as children” (p. 132), some clients “from youth subcultures in the US deliberately use slang words to confuse the therapist” (p. 134), some clients make the assumption that the music therapist is incapable to play their music live because they are of a different ethnicity or socioeconomic background (p. 135), and the perception of the music therapist as an authority figure by some culture can limit the possibility for collaborative work in song writing (Baker, 2014, p. 135).

Music. In clinical work, instrumentation is an important decision when planning a music therapy session (Gardstrom, 2007, p. 25). Within a multicultural framework this decision becomes even more relevant as the music therapist must consider when the use of traditional versus nontraditional instruments would be more appropriate in a certain context (Behrens, 2012). Behrens' (2012) observations of instrumentation with traumatized Palestinian children in Bethlehem, West Bank, suggest that there is a place for both traditional and nontraditional instrumentation in multiculturally informed music therapy if the therapist is culturally competent. Through the reflection of a personal experience working abroad, Behrens (2012) described the process of preparing and establishing a space for music therapy in a society that had all but eliminated music and the arts from their lives. Other obstacles to this work included Behrens' (2012) "inability to obtain and learn the oud, the most common accompanying string instrument, and learn their traditional maqmas (quarter tones and associated melodic modes related to traditional melodies) for use in sessions" (p.198). The therapist's inability to grasp a "musical language" (p.198) separate from her Western musical education added a dimension of distance between the clients and her attempts at cultural sensitivity and highlights the commonly perceived struggles of culturally informed music therapy. Behrens (2005) went on to work from perspectives in which both the client and therapist brought their own musical backgrounds to the therapeutic space in order to create a unique music environment reflective of that relationship. The context of the intervention can also sometimes determine instrumentation, for instance, traditional instruments providing more support in expressing familiarity, while nontraditional instruments can provide space to explore (Behrens, 2012).

Just as instrumentation is important, the function of the voice in therapy is equally important. Music therapists need to consider in which context their client is comfortable using their voice, and how the voice can be harder to unlock depending on the cultural influences on the client. Uhlig (2006) published an entire book on singing with a multicultural approach that reflects the incredible diversity of the human voice and its potential in therapy. A number of considerations include how acceptable singing is in a particular culture, whether singing is meant to be an individual and private experience or shared with a group, how much esthetics plays a role in the singing, and consequently what is considered “esthetically pleasing” singing in the client’s culture. These are only examples of a much larger scope surrounding the voice’s role in therapy.

The Bonny Method of Guided Imagery and Music (BMGIM) is an established approach to music therapy. Classical music from Western societies is typically used during these sessions, but would this genre be as effective with a client who identifies with Asia, Latin America, or Africa (Kim & Whitehead-Pleaux, 2015)? Imagery plays an equally important role in the dichotomy of BMGIM. When considering the combination of music and visual imagery utilized in this method, it becomes even more necessary to be multiculturally aware (Short, 2005). Short (2005) conducted a retrospective review of BMGIM with personal clients from a culturally informed lens, revealing five areas of potential concern. The use of language and expression, relationship and context, cultural connotations and icons, cultural values and spirituality, and the role of music and culture are all aspects of BMGIM that could be offensive, ineffective, or misunderstood when practiced without cultural sensitivity (Short, 2005). Short (2005) cites the use of language and expression to be critical to BMGIM in a cross-cultural therapeutic relationship as it

is vital for the therapist to recognize potential miscommunications through language barriers, cultural references, syntax, and semantics. The second theme Short (2005) mentions is relationship and context which describes the importance of developing a good rapport by expressing genuine interest and understanding in culturally relevant events. The three final themes discuss different aspects of cultural archetypes and associations. Short (2005) discusses a number of case examples in which the therapist required vigilance to identify and respond to significant cultural icons such as landmarks, cultural values such as the importance of large family gatherings, and the ways music is represented differently in various cultures.

The various subjects of this section share one outstanding theme: the music therapist recognized the need for cultural competency and attempted to contribute to a relatively small knowledge base. There is certainly a call to continue research on cultural sensitivity in order to broaden the scope of multicultural understanding.

Purpose

The purpose of this project is three-fold: 1) to explore the current multicultural education practices for undergraduate music therapy students in the United States, 2) to determine what aspects of multicultural counseling can provide a framework for multicultural education in music therapy, and 3) to create a research-informed lecture series outline for undergraduate music therapy students to promote multicultural competence. Multicultural music therapy refers to the scope of music therapy practice in which the client receives equal and inclusive treatment informed by their cultural identity. This includes, but is not limited to, age, ability, gender, sexual orientation, ethnicity, race, language, socioeconomic status, religion, spirituality, and musical

preferences. As described by the Multicultural Counseling Competencies, multicultural competency refers to a clinician's ability to recognize attitudes and beliefs, maintain knowledge, and utilize skills related to their own cultural values and biases, a client's worldview, and culturally appropriate intervention strategies (Arredondo et al., 1996).

Method

Sample

The American Music Therapy Association currently identifies 74 higher education institutions approved by the association to offer a bachelor's degree program for music therapy. A list of approved programs was retrieved from the American Music Therapy Association website's Organization Directory Search, filtered for *United States*, *AMTA-Approved*, and *Bachelor's Degree Offered* (Table 1). This study is concerned with the multicultural content exposed to undergraduate music therapy students defined here as students enrolled in a bachelor's degree program for music therapy at an institution approved by the American Music Therapy Association resulting in a Bachelor of Arts in Music Therapy, Bachelor of Music in Music Therapy, Bachelor of Music Therapy, or Bachelor of Science in Music Therapy. The music therapy programs' curriculum was obtained from the official website of each respective institution. The inclusion criteria for curriculum required that courses be listed for all four years of the programs, and that the complete course titles be available. The presence or absence of general education courses, liberal arts requirements, and other university specific expectations did not affect the inclusion or exclusion of the curriculum. Provided general education courses were included in making observations, but were otherwise excluded from any quantitative report. Some curricula provided a comprehensive list of course

offerings while others supplied a sample plan of study outlining a potential sequence of courses that a student could register for and complete the program. Both curricula were accepted into this content analysis as both reflect the major-specific courses required by each respective program. Upon review of the curriculum of each identified institution, six programs did not provide adequate public information regarding their curriculum to be included in the analysis, resulting in 68 total programs with curriculum (Table 1). The University of North Dakota is discontinuing their music therapy program, however their curriculum is still being used to educate current students and was therefore included in the analysis. This study did not require approval by the Institutional Review Board as it does not involve human subjects as defined by the Federal Policy for the Protection of Human Subjects.

Variables and Coding Categories

In designing this content analysis, a number of potential variables arose. As a general note, this author recognizes that the content of the course may not be completely represented by its title. In an effort to remain objective and avoid making assumptions about content, it was necessary to consider courses at face value. There is also the potential for error from misinterpreting the various curricula. While the author tried at length to accurately interpret each curriculum there is the potential for discrepancies regarding the distinctions between required and elective courses. Not all curricula assigned different codes to music and music therapy courses, and so some discrepancies may exist in this category as well. Through careful consideration, there are some common classes that could potentially be considered multicultural, but were excluded from this analysis. These courses included the various levels of music history typically

incorporated into a music therapy curriculum. The reasoning behind this exclusion is such that music history classes are generally based on the Caucasian musicians of Western Europe, and so perpetuating a Eurocentric worldview. However, if the title of a music history course indicated the inclusion of content outside of Caucasian musicians of Western Europe, the course was included. This author recognizes the value and importance of learning about these musicians and their cultures and only wishes for the general music history course to be more inclusive. Conversely, this author realizes that this parameter may exclude music history courses that do in fact contain multicultural content, however such a distinction was required for the efficiency of this study. Other courses affected by a similar variable were music therapy seminars associated with clinical/practicum/field work courses. While some course titles include distinctions between populations addressed, others have a more general title and were consequently excluded from analysis per the previously discussed criteria. General education courses were not included in any quantitative analysis, however observations were made based on the presence and content of specified core classes.

The codes used to categorize each course were: age, ability, race, ethnicity, language, gender, sexual orientation, religion, spirituality, socioeconomic status, Non-Western music, and general culture (Table 2). Age was used to code any title containing descriptors such as *child*, *adult*, *geriatric*, *lifespan*, etc. or reflecting content related to aging and age specific experiences. Ability was a fairly broad code used to indicate reference to a person's abilities or disabilities in any situation such as developmental delays, medical conditions, or mental illness. Race and ethnicity were used when the course title suggested content related to a racial or ethnic group or society, respectively.

For the purpose of this study, race refers to skin color and the physical attributes typically associated with ancestry. Ethnicity refers to ancestral affiliations related to nationality and cultural heritage. Language coded any course related to a verbal spoken language, non-verbal communication, or exposure to words and phrases of other languages in the form of song lyrics or musical instruments. Gender was used to code titles referencing gender identity and expression, while sexual orientation was assigned to topics related to the LGBTQ community and human sexuality. Courses concerning social justice, class, and societal constructs were coded as socioeconomic status. Religion was used to code any course related to religious or theological studies, while spirituality was assigned to courses referencing non-religious practices in self-care, and philosophical ideas. While general culture was not included in the previously outlined categories of multiculturalism, this code was used to describe courses containing the word culture along with more generalized titles in order to avoid assumptions as to how the respective institutions define culture and broad topics such as global awareness. The code Non-Western music was also an additional code used to classify courses that indicated exposure to or experiences with Non-Western music and instruments. This was considered in lieu of music preference as it was important to the author to identify the presence or absence of Non-Western music. Courses related to sociology were often coded in all categories except Non-Western music as sociology by nature addresses the interactions of these dimensions in society.

Procedure

This content analysis took place in three parts, beginning with an analysis of the programs and current multicultural education practices of the identified undergraduate

music therapy programs approved by AMTA. The current multicultural education practices of each program refers to the presence of multicultural content in the curricula through individual courses and imbedded content within broader courses of a degree program. Multiculturalism refers to a perspective in which the individual is considered in terms of each cultural dimension of their life, often focusing on ethnicity and race (Arredondo et al., 1996). For the purpose of this thesis, multiculturalism was considered in terms of age, ability, gender, sexual orientation, ethnicity, race, language, socioeconomic status, religion, spirituality, and musical preferences as outlined throughout the culturally relevant competencies of the American Music Therapy Association Professional Competencies (2013a). A spreadsheet was then compiled of the AMTA-Approved programs and identified general categories including undergraduate student enrollment, AMTA region, private or public status, religious affiliation, and type of degree conferred. The next step was to locate the music therapy curriculum for each institution via public access to their respective websites. Each website is organized differently and each program displays its curriculum in different formats and levels of completeness. As a result, not all curricula could be located and inclusion for analysis was contingent upon curriculum reflecting the major-required courses for the complete length of the undergraduate program. Once the curriculum was identified, each course was analyzed based on perceived multicultural content according to its title. As there is no efficient way of evaluating the actual content taught in every course in programs across the nation, courses were considered to contain multicultural content when the title reflected or suggested any of the areas of culture previously defined under multiculturalism. As the courses were identified, other relevant information was collected

including (a) if the course was required or an option to fulfill a requirement, (b) if the course fell under music core, general music, music therapy, general education, or another area, and (c) if the course could be taken to fulfill an additional general education requirement.

With the relevant courses identified, the next step was to code them. The codes outlined in the previous section were used and courses were not restricted to one code. Inter-rater reliability was conducted by an enrolled graduate student at Arizona State University to confirm both course selection and code assignment. Reliability rater was trained on the coding categories and descriptors. Eight curricula (>10% of the total sample) were pulled by the investigator and analyzed by the rater. This process included highlighting multicultural courses along with assigning codes. Once a reliability of 85% was obtained, a content analysis of the data proceeded.

The second section of this procedure was to compare the similarities and differences in multicultural course offerings across university programs by compiling information related to undergraduate student enrollment, AMTA region, private or public status, religious affiliation, and the type of degree conferred. The number of programs and multicultural course offerings were compared within these categories, beginning with undergraduate school enrollment. This category was used to discern the size of the school in which less than 5,000 undergraduate students indicated a small school, greater than 5,000 but less than 15,000 students indicated a medium sized school, and more than 15,000 students indicated a large school (College Data, n.d.). A comparison of the seven regions was conducted as outlined by the AMTA (American Music Therapy Association, n.d.). The number of programs and multicultural course offerings were also compared

based on the private or public status of the institution, whether the institution is a religious affiliate or not, and if the program awarded a Bachelor of Music, Music Therapy, Science, or Arts degree.

The following stage in the procedure was to examine practices and standards in Multicultural Counseling in order identify potentially relevant content to inform multicultural music therapy education. Much of this examination took place through the process of preparing the literature review.

The final section in conducting this content analysis was to evaluate the ascertained information and develop an outlined lecture series as a potential temporary solution. The process of creating the outlines was informed by the discrepancies in multicultural content highlighted in the curriculum data as well as the information presented in the literature review. The lecture series will consist of six lectures, each focusing on one of the five areas of culture as they pertain to multicultural music therapy practice, preceded by an introductory lecture. Each piece of the series is to be implemented in a music therapy seminar course, as dictated by the respective university curriculum, in successive semesters beginning in the third semester of an eight semester program. Each lecture will consist of experientials, article reviews, personal growth exercises, group and individual reflections, and resources for further exploration. It is the intent for these lectures to be spread out as outlined in order to ensure the conversation of multiculturalism becomes imbedded in the overall language of undergraduate students over the course of their music therapy program.

Results and Discussion

Research Question #1: What are the current multicultural education practices for undergraduate music therapy students in the United States?

To answer this question, data was obtained from the curriculum of 68 music therapy programs through a coded analysis of multiculturally related courses. Three hundred and twenty-seven courses were identified to contain potentially multicultural content ($n = 327$). This number includes course offerings required by the music therapy major in the areas of music, music therapy, and supporting coursework, along with suggested course electives to fulfill major-specific requirements. It is important to note that 61 of these identified courses are not mandated by their program and so students are not guaranteed exposure to their content. A total of five courses in the analyzed curricula specifically named multiculturalism in their titles (Table 3). One addressed multicultural music therapy while only one additional course specifically mentions multiculturalism in music. This conclusion along acknowledges the lack of attention paid directly to multiculturalism in music therapy education.

In coding the 327 courses, a total of 727 codes were assigned as courses were not limited to one code designation. Table 4 outlines the frequency of each individual code based on the number of times each code was used represented as a percentage. Courses concerning sociology were assigned all codes except *Non-Western music* and *general culture* as the concept of sociology is to study the interactions and operations of diverse people in society. Other examples of course codes include Abnormal Psychology which was coded as *ability*, courses related to Developmental Psychology were coded as *age* and *ability*, while Diverse Cultures and Their Music received *Non-Western* and *general*

culture codes. In an analysis of the multicultural codes used, *ability* was found to be the most frequently used, and thus the most frequent dimension of multiculturalism addressed in the included curricula. The second most frequent code was *age*, while *general culture*, *religion*, and *sexual orientation* were the most infrequently used codes. *Age* and *ability* were frequently paired and included with other codes. The high frequency of *age* and *ability* is consistent with the general focus of population demographics as outlined earlier from the 2016 AMTA Survey & Workforce Analysis (American Music Therapy Association, 2016a). The removal of courses coded only with *age*, *ability*, and *age & ability* leaves only a remaining 25.4% of the identified courses related to culture out of the initial 327. These results support the idea that music therapy education focuses on populations across the lifespan. The next most frequent code was *language* which accurately reflects the presence of verbal and non-verbal communication content in music therapy. Foreign language courses are also common among curriculum requirements, which again accounts for the frequency of this code. Continuing, *Non-Western music* was the fourth most frequent code, which is consistent which Non-Western content often included in music ensemble electives and additional music history offerings. Examples of these courses include: African Drumming, Afro-Cuban Ensemble, Music History & Literature 1: World and Medieval Music History, Music History- World Music and Jazz and Ethnomusicology. The remaining codes were represented in a small range of percentages when compared to those just highlighted. This suggests that while these coded areas may be addressed within the content of a larger course, researchers and continuing education developers in music therapy should make an effort to provide information focusing in on these topics.

Course types were also compared as the data was analyzed (Table 5). In consideration of what department a course belonged to, one can better understand if the multicultural content is being approached from a music therapy, general education, music, or other professional perspective. Music Core refers to the core music curriculum associated with an education in music. This includes courses in music history, music theory, required ensembles, applied lessons, and aural skills. All of the required music core classes with cultural content were music history related. General music then covers all remaining music classes, often including additional ensembles, instrument methods, and genre specific electives. As previously mentioned, the general education courses listed in the various curricula were not included in the coding analysis; however, a number of curricula indicated major-specific course requirements that dictated or fulfilled general education requirements. These courses were included in the analysis as they were still considered in the category of major-specific requirements. The results of this analysis revealed that 82.4% of the identified courses were required, while 17.7% were elective. This result suggests dual needs, one being an increase in multicultural electives in order to provide more opportunities for multicultural exposure. Programs could make this adjustment by taking a closer look at relevant multicultural courses throughout their institution and making a point of suggesting them as options to fulfill elective requirements within the structure of their curriculum. The second need is reflected in the high percentage of required multicultural courses in conjunction with the high percentage of courses addressing *age* and *ability*. Over 80% of the required multicultural courses are offered through the music therapy departments and other supporting disciplines. These supporting disciplines refer to courses required by the music therapy major, but designed

and taught within other departments of the institution such as psychology, sociology, and education. In consideration of the high percentage of courses addressing *age* and *ability*, it could be deduced that the majority of these required courses are addressing the same areas of culture. Perhaps more multicultural content could be incorporated into existing music therapy coursework if overlapping content could be streamlined into the other courses. Similarly, an analysis of the number of codes assigned per multicultural course (Table 6) revealed the vast majority of courses were coded to address one or two areas of culture. This also reflects the concentration of content on specific areas of culture, neglecting the opportunity to address the other ten areas and calling for more diversity in course content.

Research Question #2: What are the similarities and differences of multicultural course offerings across university programs?

Through a comparison of university programs based on the size of the school, the analysis revealed that multicultural course offerings were comparable in number to the amount of schools in each category. This is evidenced in Table 7 in which small schools represent 45.6% of the examined programs and offer 46.2% of identified multicultural courses. Both the medium and large school sizes reflect a similar proportions suggesting there is no overwhelming impact on multicultural course offerings based on school size. The number of multicultural courses in relation to the number of programs in each region of the country was also evaluated (Table 8). Results suggested the Southwestern Region provides the most courses with multicultural content despite only having the third largest number of programs, when compared to other regions. Apart from this region, the remaining regions offer a percentage of multicultural courses comparable to the number

of programs they contain. The same can be said of the comparison between degrees conferred by each program (Table 9). While schools awarding Bachelor of Music degrees provided the majority of multicultural content, they also made up over 60% of the included programs. A similar conclusion was also drawn from the comparison of private versus public status (Table 10); however religious affiliation (Table 11) revealed that schools without religious affiliation offered slightly more multicultural courses. This suggests that despite a religious identity, religious content does not necessarily permeate the music therapy curricula. Overall, this analysis revealed no outstanding differences regarding the amount of multicultural course offerings among music therapy programs in the United States.

Research Question #3: What aspects of multicultural counseling can be embedded into multicultural education in music therapy?

To answer this question a review of multicultural counseling literature was conducted, resulting in two foundational resources used as a framework to add more multicultural content to music therapy education. The first of these resources was the Dimensions of Personal Identity model (Arredondo et al., 1996). As described in the literature review, this model outlines various factors and dimensions of identity to be considered by a multiculturally competent counselor in order to attempt perceiving a “whole” person. This model was then taken and adapted by the author in order to add relevance to music therapy. Within the *A Dimensions*, age was substituted with chronological age to account for the therapist’s visual assessment of age consistent with that dimension, while intellectual and emotional age was added to the *B Dimensions*. Culture was removed from the *A Dimensions* as this author has redefined culture to

include all aspects of identity. Also in the *A Dimensions*, physical disability was replaced with ability to encompass a broader piece of identity, and social class was replaced with socioeconomic status, which also removed income from the *B Dimensions*. Separate from ability, musical ability was also added to the *A Dimensions*. Moving onto the *B Dimensions*, marital status was replaced with relationships to broaden this dimension to include the presence or absence of friendships and familial relationships, which can have a heavy impact on identity. Spirituality was added to the *B Dimensions* separately from religion as the author sees a distinction between the two practices. Perceptions of health and wellness was also added to the *B Dimensions* to reflect personal views related to healthcare. The final, and perhaps most relevant, addition was musical background and preferences to the *B Dimensions*. No alterations were made to the *C Dimensions*. Figure 1 depicts this adapted model.

The second resource that informed multicultural music therapy education was the Multicultural Counseling Competencies. As discussed earlier, there is generality and vagueness to the professional competencies related to culture as set by the AMTA. There is a strong potential for these competencies positively inform music therapy where multicultural competence is concerned. Currently, AMTA's Professional Competencies have identified ten competencies related in some way to diversity, culture, identity, and inclusion (2013a). These competencies are dispersed throughout the official document within different categories and address areas from musical skills to clinical skills, assessment, and treatment, however there is no specific mention of multicultural competencies within this AMTA document. The Multicultural Counseling Competencies, as previously discussed, are outlined by three domains concerning the counselor's

awareness of personal beliefs and biases, the client's worldview, and culturally appropriate intervention strategies; which are then broken down into awareness and beliefs, knowledge, and skills (Arredondo et al., 1996). Music therapists are expected to maintain a certain level of self-awareness in order to operate as an ethical professional aware of biases and personal boundaries (American Music Therapy Association, 2014). However, the acquisition of information in the areas of Knowledge and Skills could be further developed to increase the standards for professional music therapists to become more self-aware and how to operate under that awareness in order to have working knowledge and resources to address their biases and better treat their clientele. In terms of the domain of the Client's Worldview, music therapy competencies address the Awareness and Beliefs associated with their client's worldview very well when related to client age and disabilities. It is when music therapists are expected to consider their client's worldview from the perspective of socioeconomic status, race, and ethnicity that music therapy competencies may put too light of an emphasis, leading to an underwhelming amount of content in that aspect of education. The same can be said for the areas of Knowledge and Skills for this domain, particularly as most music therapists have not received the tools to develop skills in addressing these aspects of their client's worldview from a culturally sensitive framework in undergraduate school. And finally, the domain of Culturally Appropriate Intervention Strategies could inform better music therapy competencies in perhaps the most impactful way. As evidenced by the curriculum analysis, the average music therapy student in the United States receives little to no education in the Awareness and Beliefs, Knowledge, and Skills related to this

domain. There is a strong need for music therapists to learn how to create and deliver culturally appropriate interventions in a culturally sensitive way.

Research Statement #1: The author will combine findings from current multicultural music therapy education and multicultural counseling to develop a lecture series for undergraduate music therapy students.

Based on the content analysis, the most common culturally related courses among the 68 programs were about abnormal psychology (*ability*), child development (*age* and *ability*), and music therapy with children/special needs/adults/geriatrics/mental health/medical (*age* and *ability*). Forty-seven courses were coded as *Non-Western music* while 34 of those courses had broad enough titles to suggest addressing more than one kind of Non-Western music. No standardized multicultural content addressing race, ethnicity, language, gender, sexual orientation, religion, spirituality, socioeconomic status, Non-Western music, or general culture could be identified.

The following lecture series outline was developed in an effort to provide multicultural content points in a flexible format. The hope is for it to serve as a springboard for further and more permanent academic standards to be put in place by the AMTA. Until such a time exists, this material should serve as a guide for professors to include the conversation about multiculturalism in their existing courses. In order for this material to be utilized effectively, professors implementing it must be engaged in their own multicultural competency and prepared to guide students through what can be an uncomfortable period of learning and growth as they are introduced to topics that may challenge their existing beliefs. .

This series is in no way complete or comprehensive. The purpose of this series is to begin the conversation about multiculturalism in music therapy and expose students to this perspective so that they may continue the journey of cultural competency throughout their education. This series hopes to serve as a resource until there is comprehensive and standardized content for students to engage in. This series is not meant to educate specific music therapy interventions, but rather expose students to these topics and provide them with the tools to adapt and create their own culturally sensitive interventions. The material consists of six lecture outlines spread out over the course of six semesters, ideally within the core music therapy seminar of each respective semester. This is meant to ensure the content is spread out over time to encourage students to think about multiculturalism throughout their program. Lecture outlines include discussion topics, suggested readings, personal growth exercises, and reflections. These outlines are meant to highlight important topics and serve as guides for framing a lecture in order to be flexible enough to fit into the schedule of any pre-existing course.

Lecture Series

Lecture 1: Introduction to Multiculturalism in Music Therapy

Topics for Discussion:

- What is Multiculturalism?
 - Have students work together to create a definition
 - Multiculturalism is a perspective in which an individual is seen and treated with respect to their whole identity. This can include age, ability, gender, sexual orientation, ethnicity, race, language, socioeconomic status, religion, spirituality, and musical preferences among others.

- Dimensions of Personal Identity adapted for Music Therapy (Figure 1).
 - *A Dimensions* are attributes which are often visible and very difficult to change. Most stereotypes are based on the perceptions of *A Dimensions*.
 - *B Dimensions* are the qualities of identity that are more fluid and often influenced by the circumstances related to the *A* and *C Dimensions*.
 - *C Dimensions* are events and periods of history influential to an individual's identity.
 - Have students write down their personal dimensions of identity and think about which ones have influenced the opportunities they have or haven't had in life.
- What is multicultural competence?
 - Multicultural competence refers to a professional's ability to work with a variety of individuals and treat them with respect and sensitivity as they relate to every dimension of their identity.
 - Multicultural competence is not a stagnant achievement, but a fluid and continuous journey of personal and professional growth.

Suggested Reading:

- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24(2), 137-143.
doi:10.1016/S0197-4556(97)00017-8
- Hadley, S., & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives*, 34(2), 129-137.
doi:10.1093/mtp/miv045

- Kim, S., & Whitehead-Pleaux, A. (2015). Music Therapy and Cultural Diversity. In Wheeler, B. L. (Ed.). *Music therapy handbook* (51-63). New York, NY: The Guilford Press.
- Young, L. (2009). Multicultural issues encountered in the supervision of music therapy internships in the United States and Canada. *The Arts in Psychotherapy*, 36(4), 191-201. doi:10.1016/j.aip.2009.01.004

Implications for Music Therapy

- Music therapists are among the professionals who work with an incredibly diverse clientele. We need to be open to embracing this diversity in our treatment if we are to more fully address the needs of our clients.
- As students begin to incorporate this perspective into their music therapy education, encourage them to be mindful of how this content applies and can be used in other courses and clinical experiences and contexts.

Personal Growth Exercises:

- Cultural Awareness Activity. (n.d.). Retrieved March 2, 2017, from <http://breakingprejudice.org/teaching/group-activities/thumb-war-activity.html>

Reflections: Allow a moment for personal reflection through journaling or drawing, then open up the floor for a group reflection.

- Discussion Prompts
 - What was one interesting thing you noticed in this lecture?
 - What was one uncomfortable thing you learned?
 - What are your thoughts related to multicultural music therapy?
 - How do you see the social impact of multicultural music therapy?

Final Thoughts:

- What to do until the next lecture with the knowledge you have now

This is a journey, a way of thinking in every aspect of music therapy.

Students are encouraged to continue the conversation by making connections to other coursework, personal research, and involvement a Non-Western ensemble.

Lecture 2: Dimensions of Culture in Music Therapy- Race, Ethnicity, and Language

Check-in:

- How has multiculturalism come up in coursework and personal experiences since the last lecture?

Topics for Discussion:

- White Privilege
- Race vs Ethnicity
- Language- This includes spoken languages, non-verbal communication, and culture-specific words and phrases.
- Civil rights- The historical significance of racism in the United States and abroad
- Identifying terminology- There are a number of words used to describe race and ethnicity (example: African American, Black, Chicano/a, Hispanic, Oriental etc.)

It is important to recognize which of these words are considered derogatory, such as Oriental, and what the words generally mean.

- The therapist should never make assumptions about which terminology a client identifies with as each word carries both literal means along with

“sentimental, generational, historical, geographical and political implications” (Rilinger, 2011, p. 78).

- While it’s important to ask the client how they identify, it must be done in a culturally sensitive way, avoiding phrases like “Where are you from?” and replaced with “How do you identify culturally?” (Rilinger, 2011, p.78) or “Where did you grow up?”.
- It is never the responsibility of the client to educate the therapist on issues of culture.

Suggested Reading:

- McIntosh, P. (1989, July/August). White Privilege: Unpacking the invisible knapsack. *Peace and Freedom Magazine*, 10-12.
- Rilinger, R. L. (2011). Music therapy for Mexican American children: Cultural implications and practical considerations. *Music Therapy Perspectives*, 29(1), 78-85.

Personal Growth Exercises:

- National African American History Museum Activity (n.d.). Retrieved March 2, 2017, from <http://breakingprejudice.org/teaching/group-activities/national-african-american-history-museum-activity/>
- Organize visits to local museums rooted in cultural collections such as the Heard Museum in Phoenix, Arizona “Dedicated to the sensitive and accurate portrayal of Native arts and cultures, the Heard is an institution that successfully combines the stories of American Indian people from a personal perspective with the beauty of art” (<http://heard.org/about/>)

Music:

- Consider songs in the context of history. Did the song serve a specific purpose (i.e. protest songs, religious hymns, anthems, etc.) and is it appropriate to use the song outside of that purpose?
- Using music in other languages: Do not make assumptions regarding language based on ethnicity; have a good understanding of the translation of the song; be mindful of the correct pronunciations.

Reflections: Allow a moment for personal reflection through journaling or drawing, then open up the floor for a group reflection.

- Discussion Prompts
 - How did you feel discussing White Privilege?
 - How do you feel regarding your own racial and ethnic identity?

Final Thoughts: Remember this process is long and at times uncomfortable. It is important to realize that recognizing, addressing, and pushing through that uncomfortable feeling can foster tremendous personal growth.

Lecture 3: Dimensions of Culture in Music Therapy- Socioeconomic Status and

Sociocultural Factors

Check-in:

- How has multiculturalism come up in coursework and personal experiences since the last lecture?

Topics for Discussion:

- Bridging the gap of socioeconomic status (SES)

- Implications of SES on therapy

Suggested Reading:

- Baker, F. A. (2013). An investigation of the sociocultural factors impacting on the therapeutic songwriting process. *Nordic Journal of Music Therapy*, 23(2), 123-151. doi.org/10.1080/08098131.2013.783094

Reflections: Allow a moment for personal reflection through journaling or drawing, then open up the floor for a group reflection

- Discussion Prompts
 - What stereotypes do you associate with lower SES?
 - What opportunities have been available or withheld from you due to your own SES?

Final Thoughts: Take the opportunity to evaluate changes in perspective at this halfway point. Think about how the idea of social justice can play a bigger role moving forward in these discussions.

Lecture 4: Dimensions of Culture in Music Therapy- Age and Ability

Check-in:

- How has multiculturalism come up in coursework and personal experiences since the last lecture?

Topics for Discussion:

- How does your society view aging, and individuals of different ages?
- Person-first language

Suggested Reading:

- Cohen, N. S. (2014). Music therapy and sociological theories of aging. *Music Therapy Perspectives*, 32(1), 84-92.

Reflections: Allow a moment for personal reflection through journaling or drawing, then open up the floor for a group reflection

- Discussion Prompts
 - What age group are you most comfortable working with and why do you think that is?
 - How can we address ageism and ableism through music therapy?

Lecture 5: Dimensions of Culture in Music Therapy- Gender and Sexual Orientation

Check-in:

- How has multiculturalism come up in coursework and personal experiences since the last lecture?

Topics for Discussion:

- Recognizing gender identity as a fluid spectrum
- Feminism
- Civil rights- Consider the stress related to changing legislation

Suggested Reading:

- Whitehead-Pleaux, A., Donnenwerth, A., Robinson, B., Hardy, S., Oswanski, L., Forinash, M., ... York, E. (2012). Lesbian, gay, bisexual, transgender, and questioning: Best practices in music therapy. *Music Therapy Perspectives*, 30(2), 158-166. doi:10.1093/mtp/30.2.158

Personal Growth Exercises

- Gender Stereotypes Activity. (n.d.). Retrieved March 2, 2017, from <http://breakingprejudice.org/teaching/group-activities/childrens-gender-stereotypes-activity/>
- Cross-Cultural Attitudes Towards Homosexuality Activity. (n.d.). Retrieved March 2, 2017, from <http://breakingprejudice.org/teaching/group-activities/cross-cultural-attitudes-activity/>

Reflections: Allow a moment for personal reflection through journaling or drawing, then open up the floor for a group reflection

- Discussion Prompts
 - What role does gender play in music therapy from a client and therapist perspective?

Final Thoughts: Think about the gender roles you observe in your personal and professional, and how we can work to eliminate them in order to create an inclusive and validating space for all identities and sexual orientations.

Lecture 6: Dimensions of Culture in Music Therapy- Religion and Spirituality

Check-in:

- How has multiculturalism come up in coursework and personal experiences since the last lecture?

Topics for Discussion:

- World religious practices
- Recognizing your own religious and spiritual practices, values, and beliefs

Suggested Reading:

- Potvin, N., Argue, J. (2014). Theoretical considerations of spirit and spirituality in music therapy. *Music Therapy Perspectives*, 32(2), 118-128.

Personal Growth Exercises:

- Abrahamic Religions Similarities Activity. (n.d.). Retrieved March 2, 2017, from <http://breakingprejudice.org/teaching/group-activities/abrahamic-religions-similarities-activity/>

Music

- It is important to recognize the different purposes of religious music and the roles they play in various religions. The therapist needs to respect the sacredness of certain religious and spiritual songs and use them only with the appropriate permissions.

Reflections: Allow a moment for personal reflection through journaling or drawing, then open up the floor for a group reflection

Discussion Prompts:

How do you consider music therapy in dealing with issues of spirituality and religion?

Final Thoughts: Moving forward! Hopefully these discussions have provided students with the basic tools to begin navigating the world of music therapy from a multicultural lens. Remember, this process has no finish line and personal growth must continue throughout our careers. Keep challenging yourself and your peers to continue this shift of multicultural thinking in music therapy.

Conclusion

In summary, the presence of multicultural content in multicultural counseling can provide a strong framework for developing stronger cultural competencies in music therapy through the Multicultural Counseling Competencies and Dimensions of Personal Identity. Further, current music therapists are recognizing the need for multicultural work in music therapy and disseminating valuable research, however there is still a call for more in depth and culture specific studies. Finally, the unstandardized multicultural content of music therapy education in the United States was confirmed by a content analysis of 68 AMTA-Approved curricula resulting in the suggested implementation of a multicultural content lecture series adopted into current coursework until a standardized practice can be devised by the AMTA. There is a need for further research both in the development and practice of multicultural music therapy competencies as well as means to implement more comprehensive multicultural content into music therapy programs in the United States.

REFERENCES

- American Music Therapy Association. (n.d). *AMTA Regions and Student Organizations*. Retrieved February 2, 2017 from <http://www.musictherapy.org/about/regions/>
- American Music Therapy Association. (2013a, November 23). *Professional Competencies*. Retrieved January 24, 2017 from <http://www.musictherapy.org/about/competencies/>.
- American Music Therapy Association. (2013b, November). *Standards of Clinical Practice*. Retrieved January 8, 2017 from <http://www.musictherapy.org/about/standards/>.
- American Music Therapy Association. (2016a) 2016 AMTA Member Survey and Workforce Analysis [PDF]. Retrieved from <http://musictherapy.org/>
- Ancis, J.R., Syzmanski, D.M. (2001). Awareness of White privilege among White counseling trainees. *The Counseling Psychologist*, 29(4), 548-569.
- Arredondo, P., Toporek, R., Brown, S.P., Jones, J., Locke, D.C., Sanchez, J., & Stadler, H. (1996). Operationalization of the Multicultural Counseling Competencies. *Journal of Multicultural Counseling and Development*, 24, 42-78.
- Baker, F. A. (2013). An investigation of the sociocultural factors impacting on the therapeutic songwriting process. *Nordic Journal of Music Therapy*, 23(2), 123-151. doi.org/10.1080/08098131.2013.783094
- Behrens, G. A. (2012). Use of traditional and nontraditional instruments with traumatized children in Bethlehem, West Bank. *Music Therapy Perspectives*, 30(2), 196-202. doi:10.1093/mtp/30.2.196
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24(2), 137-143. doi:10.1016/S0197-4556(97)00017-8
- Brown, J. (2001). Towards a culturally centered music therapy practice. *Canadian Journal of Music Therapy*, 8(1), 11-24. doi:10.15845/voices.v2i1.72
- Chase, K. (2003). Multicultural music therapy: A review of the literature. *Music Therapy Perspectives*, 21, 83–87. doi: 10.1093/mtp/21.2.84
- Chase, K.M. (2004). Therapy with gay and lesbian clients: Implications for music therapists. *Music Therapy Perspectives*, 22(1), 34-38. doi:10.1093/mtp/22.1.34

- Cohen, N. S. (2014). Music therapy and sociological theories of aging. *Music Therapy Perspectives*, 32(1), 84-92.
- College Data (n.d.). *College Size: Small, Medium or Large?*. Retrieved March 28, 2017, from http://www.collegedata.com/cs/content/content_choosearticle_tmpl.jhtml?articleId=10006
- Cultural Awareness Activity. (n.d.). Retrieved March 2, 2017, from <http://breakingprejudice.org/teaching/group-activities/thumb-war-activity.html>
- Darrow, A., & Molloy, D. (1998). Multicultural perspectives in music therapy: An examination of the literature, educational curricula, and clinical practices in culturally diverse cities of the United States. *Music Therapy Perspectives*, 6 (1), 27-32.
- Davis, W. B., Gfeller, K. E., & Thaut. (2008). *An introduction to music therapy theory and practice* (3rd ed.). Silver Spring, MD: The American Music Therapy Association. Cohen, N.S. (2014). Music therapy and sociological theories of aging. *Music Therapy Perspectives*, 32(1), 84-92. doi:10.1093/mtp/miu013
- Dobel, D. M. (2003). A treatment manual for multicultural therapy with high-risk African American male adolescents (Order No. 3088913). Available from ProQuest Dissertations & Theses Global. (305218605). Retrieved from <http://login.ezproxy1.lib.asu.edu/login?url=http://search.proquest.com/docview/305218605?accountid=4485>
- Fly, E. S. (2010). *Multicultural music therapy: Exploring the approaches to, and changes in, music within the Native American communities* (Order No. 1485358). Available from ProQuest Dissertations & Theses Global. (741015585). Retrieved from <http://login.ezproxy1.lib.asu.edu/login?url=http://search.proquest.com/docview/741015585?accountid=4485>
- Fouad, N. A., Arredondo, P. (2007). *Becoming culturally oriented: Practical Advice for Psychologists and Educators*. Washington, DC: American Psychological Association.
- Gardstrom, S. C. (2007). *Music therapy improvisation for groups: Essential leadership competencies*. Dallas, Texas: Barcelona Publishers.
- Goelst, I. L. (2016). Multicultural music therapy: A manual on cultural sensitivity in music therapy practice. Available from ProQuest Dissertations & Theses Global. (1795577720). Retrieved from

<http://login.ezproxy1.lib.asu.edu/login?url=http://search.proquest.com/docview/1795577720?accountid=4485>

- Hadley, S., & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. *Music Therapy Perspectives*, 34(2), 129-137. doi:10.1093/mtp/miv045
- Kim, S., & Whitehead-Pleaux, A. (2015). Music Therapy and Cultural Diversity. In Wheeler, B. L. (Ed.). *Music therapy handbook* (51-63). New York, NY: The Guilford Press.
- Lipe, A.W. (2002). Beyond therapy: Music, spirituality, and health in human experience: A review of literature. *Journal of Music Therapy*, 39(3), 209-240.
- Meadows, A. (Ed.) (2016) Multicultural Musical Competence [Special Issue]. *Music Therapy Perspectives*, 34(2).
- Mondanaro, J. F. (2016). Multiculturally focused medical music psychotherapy in affirming identity to facilitate optimal coping during hospitalization. *Music Therapy Perspectives*, 34(2), 154-160. doi:10.1093/mtp/miw019
- Potvin, N., Argue, J. (2014). Theoretical considerations of spirit and spirituality in music therapy. *Music Therapy Perspectives*, 32(2), 118-128.
- Rilinger, R. L. (2011). Music therapy for Mexican American children: Cultural implications and practical considerations. *Music Therapy Perspectives*, 29(1), 78-85.
- Sadovnik, N. (2016). Shira Chadasha: A New song for an old community. *Music Therapy Perspectives*, 34(2), 147-153.
- Short, A. (2005). Cultural dimensions of music and imagery: Archetype and ethnicity in GIM practice. *Journal of the Association for Music & Imagery*, 10, 75-90.
- Tolman, J., Jackson, V., Maher, A. (2016). A year in review: Summarizing published literature in music therapy in 2014. *Music Therapy Perspectives*, 34(2), 171-183. doi:10.1093/mtp/miw012
- Toppozada, M. (1995). Multicultural training for music therapists: An examination of current issues based on a national survey of professional music therapists. *Journal of Music Therapy*, 32(2), 65-90. doi:10.1093/jmt/32.2.65
- Uhlig, S. (2006). *Authentic voices, authentic singing: A multicultural approach to vocal music therapy*. Gilsum, NH: Barcelona.

- United States Census Bureau. (2015). *Quick facts* [Data file]. Retrieved from <https://www.census.gov/quickfacts/table/PST045216/00>
- Wheeler, B. L. (1988). An analysis of literature from selected music therapy journals. *Music Therapy Perspectives* 5(1), 94-101. doi: 10.1093/mtp/5.1.94
- Whitehead-Pleaux, A., Donnenwerth, A., Robinson, B., Hardy, S., Oswanski, L., Forinash, M., ... York, E. (2012). Lesbian, gay, bisexual, transgender, and questioning: Best practices in music therapy. *Music Therapy Perspectives*, 30(2), 158-166. doi:10.1093/mtp/30.2.158
- Williams, K., & Abad, V. (2005). Reflections on music therapy with indigenous families: Cultural learning put into practice. *Australian Journal of Music Therapy*, 16, 60-9.
- Young, L. (2009). Multicultural issues encountered in the supervision of music therapy internships in the United States and Canada. *The Arts in Psychotherapy*, 36(4), 191-201. doi:10.1016/j.aip.2009.01.004
- Young, L. (2016). Multicultural musical competence in music therapy. *Music Therapy Perspectives*, 34(2), 127-128. doi:10.1093/mtp/miw016

APPENDIX A

ANALYZED SAMPLE AND DATA TABLES

TABLES

Table 1

<i>AMTA Approved Music Therapy Programs Offering Bachelor's Degree</i>	
<u>School Name</u>	<u>Degree Offered</u>
Alverno College	Bachelor of Music
Anna Maria College	Bachelor of Music
Appalachian State University	Bachelor of Music
Arizona State University	Bachelor of Music
Augsburg College	Bachelor of Music
Baldwin Wallace University	Bachelor of Music
Belmont University	Bachelor of Music
Berklee College of Music	Bachelor of Music
California State University- Northridge	Bachelor of Arts
Carroll University	Bachelor of Music Therapy
Charleston Southern University	Bachelor of Arts
Cleveland State University	Bachelor of Music
The College of Wooster*	Bachelor of Music Therapy
Colorado State University	Bachelor of Music
Concordia University	Bachelor of Music
Converse College	Bachelor of Music
Drury University	Bachelor of Music Therapy
Duquesne University	Bachelor of Science
East Carolina University	Bachelor of Music
Eastern Michigan University	Bachelor of Music Therapy
Elizabethtown College	Bachelor of Music
Florida Gulf Coast University	Bachelor of Music Therapy
Florida State University	Bachelor of Music
Georgia College & State University	Bachelor of Music Therapy
Howard University*	Bachelor of Music
Illinois State University	Bachelor of Music
Immaculata University	Bachelor of Music
Indiana Wesleyan University	Bachelor of Arts
Indiana- Purdue University Fort Wayne	Bachelor of Science
Loyola University	Bachelor of Music Therapy
Marylhurst University	Bachelor of Music Therapy
Maryville University	Bachelor of Science
Marywood University	Bachelor of Music
Mercyhurst University	Bachelor of Music
Mississippi University for Women	Bachelor of Music
Molloy College	Bachelor of Science
Montclair State University	Bachelor of Arts
Nazareth College	Bachelor of Music
Ohio University	Bachelor of Music
Oral Roberts University	Bachelor of Music

Pacific University	Bachelor of Music Therapy
Queens University of Charlotte	Bachelor of Music
Radford University	Bachelor of Music
Sam Houston State University	Bachelor of Music
Seattle Pacific University	Bachelor of Arts
Seton Hill University	Bachelor of Music
Shenandoah University	Bachelor of Music Therapy
Slippery Rock University	Bachelor of Music
Southern Methodist University	Bachelor of Music
St. Mary of the Woods College	Bachelor of Science
SUNY- Fredonia	Bachelor of Science
Southwestern Oklahoma State University	Bachelor of Music
Tempe University	Bachelor of Music
Texas Woman's University	Bachelor of Science
University of Alabama	Bachelor of Music
University of Dayton	Bachelor of Music
University of Evansville	Bachelor of Music
University of Georgia	Bachelor of Music
University of Iowa	Bachelor of Music
University of Kansas	Bachelor of Music
University of Louisville	Bachelor of Music
University of Miami*	Bachelor of Music
University of Minnesota- Twin Cities	Bachelor of Music
University of Missouri- Kansas City	Bachelor of Arts
University of North Dakota	Bachelor of Music
University of the Incarnate Word	Bachelor of Music
University of the Pacific*	Bachelor of Music
Utah State University	Bachelor of Science
Wartburg College	Bachelor of Music
West Texas A&M University	Bachelor of Music
West Virginia University	Bachelor of Music
Western Illinois University*	Bachelor of Music
Western Michigan University	Bachelor of Music
William Carey University*	Bachelor of Music

Note: List of AMTA approved undergraduate schools and type of degree offered. Schools marked with * were excluded from this content analysis.

Table 2

<i>Code Descriptions</i>		
<u>Code</u>	<u>Description</u>	<u>Title Descriptor Examples</u>
Ability	reference to abilities or disabilities such as developmental delays, medical conditions, or mental illness	<i>abnormal, developmental, special education, psychiatric, medical, sociology, etc.</i>
Age	reflecting content related to aging and age specific experiences, mental and/or chronological age, and developmental effects of aging	<i>child, adult, geriatric, lifespan, gerontology, aging, elementary education, sociology, etc.</i>
Ethnicity	suggesting content related to an ethnic group or society	<i>Hispanic, Latino/a, Afro-Cuban, sociology, etc.</i>
Gender	reference to gender identity and expression, transgender	<i>gender, male, female, gender fluidity, sociology, etc.</i>
General Culture	containing the word culture or generalized	<i>culture, global studies, world civilizations, etc.</i>
Language	related to a verbal spoken language, non-verbal communication, or words and phrases of other languages in the form of song lyrics, instruments names, and other vocabulary	<i>American Sign Language, foreign language, non-verbal, communication, Non-western music ensemble, sociology, etc.</i>
Non-Western Music	reference to Non-Western music and instruments	<i>steel drum ensemble, world music, etc.</i>
Race	suggesting content related to a racial group or society	<i>Civil Rights movement, racial studies, racism, sociology, etc.</i>
Religion	religious or theological studies	<i>theology, Christianity, Islam, Judaism, world religions, sociology, etc.</i>
Sexual Orientation	related to the LGBTQ community and human sexuality	<i>sexuality, LGBTQ studies, etc.</i>
Socioeconomic Status	concerning social justice, class, and societal constructs	<i>society, sociology, socioeconomics, etc.</i>
Spirituality	referencing non-religious practices in self-care and philosophical ideas	<i>spirituality, sociology, philosophy, self-care, etc.</i>

Table 3

Course Titles Directly Referencing Multiculturalism

<u>Course Title</u>	<u>Area</u>	<u>Status</u>	<u>Institution</u>
Multicultural Children's Literature	General Education	Elective	Eastern Michigan University
Multicultural Communication	General Education	Elective	Elizabethtown College
Multicultural Issues	General Electives	Elective	Florida Gulf Coast University
Multicultural Percussion and Movement	Music	Required	Ohio University
Multicultural Music Therapy	Music Therapy	Required	Seton Hill University

Table 4

<i><u>Frequency of Multicultural Codes (n = 727 total codes)</u></i>	
<u>Code</u>	<u>%</u>
Ability	35.2
Age	23.0
Language	8.5
Non-Western Music	6.5
Ethnicity	4.4
Race	3.9
Socioeconomic Status	3.6
Gender	3.3
Spirituality	3.3
Sexual Orientation	3.2
Religion	3.2
General Culture	2.1

Table 5

Multicultural Course Types Across Curricula (n = 327)

<u>Course Type</u>	<u>% Elective Courses</u>	<u>% Required Courses</u>
General Education	0.3	2.8
General Music	2.1	7.3
Music Core	0.3	3.4
Music Therapy	0.9	34.6
Supporting Disciplines	14.1	34.3
Total	17.7	82.4

Table 6

Number of Codes Assigned to Number of Multicultural Courses

# of Codes	1	2	3	4	5	6	7	8	9	10	11	12
# of Courses	131	159	7	7	0	0	0	1	2	17	3	0
%	40%	49%	2%	2%	0	0	0	.3%	.6%	5%	.9%	0

Table 7

Comparison of Multicultural Courses Based on University Size

	<u>Small Schools</u>	<u>Medium Schools</u>	<u>Large Schools</u>
% of Programs	45.6	23.5	30.9
% of Multicultural Courses	46.2	22.0	31.8

Note: School sizes were determined based on total undergraduate enrollment as provided by each school and on a scale provided by College Data (n.d.) in which a small school has an enrollment less than 5,000 students, a medium school has an enrollment between 5,000 and 15, 000 and a large school has an enrollment larger than 15, 000 students.

Table 8

List of Multicultural (MC) Course Amounts by Region

<u>Region</u>	<u>% of Programs</u>	<u>% of MC courses</u>
Southeastern	20.6	22.9
Mid-Atlantic	22.1	17.4
Great Lakes	22.1	16.5
Midwestern	13.2	14.4
Southwestern	10.3	14.4
Western	8.8	10.7
New England	2.9	3.7

Table 9

List of Multicultural Courses by Degree Programs

<u>Degree Conferred</u>	<u>% of Programs</u>	<u>% Multicultural Courses</u>
Bachelor of Music	64.7	65.4
Bachelor of Music Therapy	13.2	14.7
Bachelor of Science	13.2	12.5
Bachelor of Arts	8.8	7.3

Table 10

Comparison of Multicultural Courses Based on Private or Public Status

<u>Status</u>	<u>% of Programs</u>	<u>% Multicultural Courses</u>
Private	50	51.7
Public	50	48.3

Table 11

Comparison of Multicultural Courses Based on Religious Affiliation

<u>Status</u>	<u>% of Programs</u>	<u>% Multicultural Courses</u>
No religious affiliation	58.8	61.2
Religiously affiliated	41.2	38.8

APPENDIX B

DIMENSIONS OF PERSONAL IDENTITY ADAPTED FOR MUSIC THERAPY

FIGURES

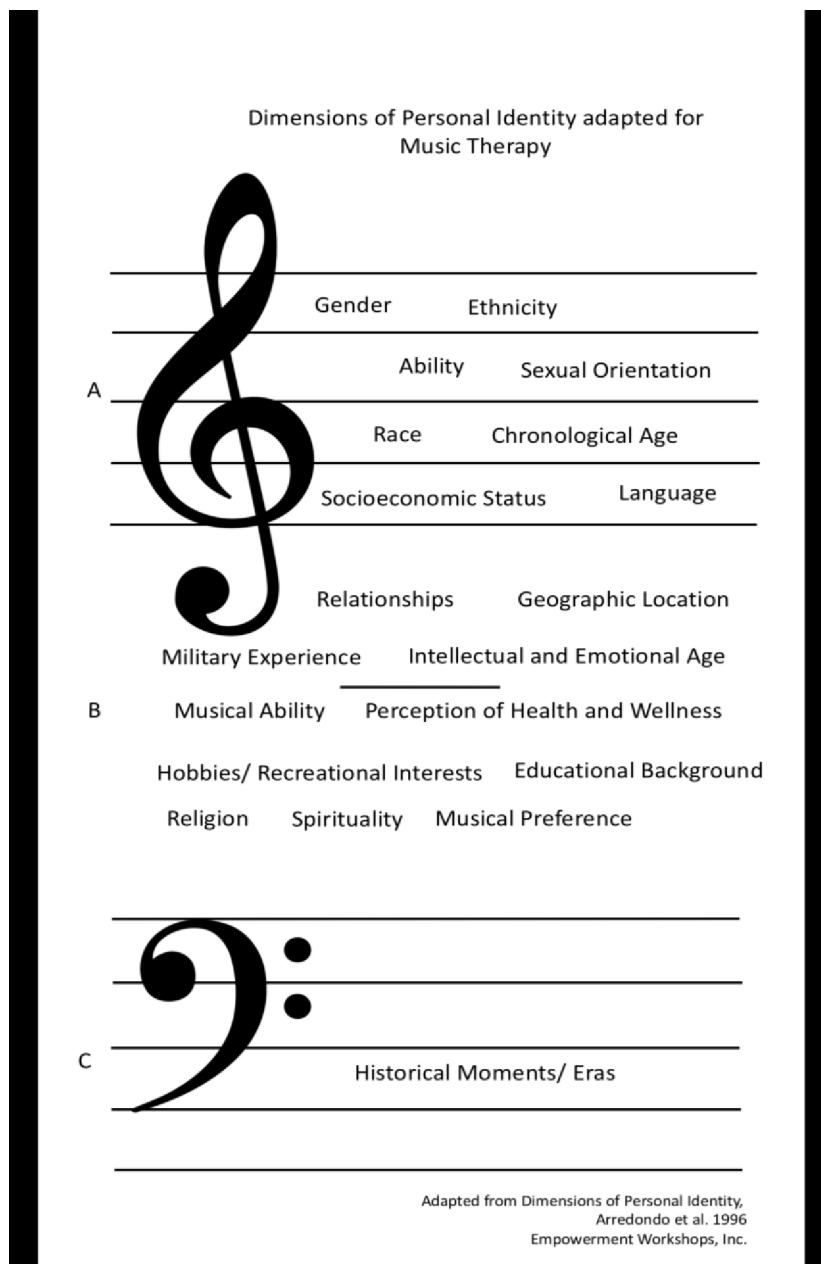


Figure 1. Figure adapted by author from the Dimensions of Personal Identity as depicted in Arredondo et al., 1996